

Use number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	130	State Index No. <u>108</u>
District of <u>Uncol</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>158</u>
Town of <u>Uncol</u>	Local Registrar's No. _____		
or	(No. _____)	St; _____	Ward) _____
City of _____			
FULL NAME OF CHILD <u>Santiago Frigosa</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<u>NO</u>
Sex of Child <u>male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>7th</u>
			Legitimate? <u>yes</u>
			Date of Birth <u>May 1, 1915</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Benito Frigosa</u>	Full Maiden Name <u>Costanai de Campo</u>		
Residence <u>Miami, Arizona.</u>	Residence <u>Miami, Arizona.</u>		
Color or Race <u>Mex.</u>	Age at last Birthday <u>32</u>	Color or Race <u>Mex.</u>	Age at last Birthday <u>32</u>
	(Years)		(Years)
Birthplace <u>Tucson</u>	Birthplace <u>Guadalajara Mexico</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother. <u>7th</u>	Number of children, of this mother, now living. <u>7th</u>	Were precautions taken against Ophthalmia neonatorum? _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>May 1, 1915</u> , at <u>9:15 P.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.			
(Signature) <u>cm Cron</u>		(Attending physician, midwife, householder. *)	
Given or christian name added from a supplemental report _____ 191_____		Address <u>John H Lacy</u>	
Filed <u>May 30 1915</u>		LOCAL REGISTRAR.	
<u>261-501-236</u>		A True Copy	
COUNTY REGISTRAR.		Filed <u>Aug 7 1915</u>	
		COUNTY REGISTRAR.	